

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470

email: ethics@hawaiiethics.org Web site: www.hawaii.gov/ethics

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LOBBYIST REGISTRATION FORM TATE OF HAWAII (Type or Print Clearly)

PARTI **LOBBYIST** NAME (Last) **TELEPHONE** (Middle) (First) Κ 808-525-5785 Okabayashi Neal MAILING ADDRESS (Street) FAX 808-525-5025 PO Box 3200 **EMAIL** nokabayashi@fhb.com (City) (State) (Zip Code) Honolulu HI 96847 EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) **TELEPHONE** MAILING ADDRESS (Street) FAX **EMAIL** (City) (State) (Zip Code)

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) First Hawaiian Bank MAILING ADDRESS (Street) PO Box 3200		TELEPHONE	
		808-525-5785 FAX 808-525-5025	
			EMAIL nokabayashi@fhb.com
		(City)	(State)
Honolulu	н	96847	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Neal Okabayashi		808-525-5785	
MAILING ADDRESS (Street)		FAX 808-525-5025	
PO Box 3200		EMAIL nokabayashi@fhb.com	
(City)	(State)	(Zip Code)	
Honolulu	ні	96847	
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LREG 09/2009

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
		ICH YOU EXPECT TO LOBE	3Y		
(_) Agriculture	ਓ Education	☐ Human Services	Science, Technology & Economic Development		
Communications & ; Public Utilities	Government Operation & Finance	intergovernmental Relations, International Affairs	 ✓ Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	✓ Labor & Employment	Transportation		
Culture, Arts, Historic Preservation	☐ Health	 Planning, Land & Water Use Management 	Other: (indicate below)		
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections			
PART IV CERTIFICATION OF LOBBYIST					
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
Nent L.	1/3/13		31/13		
(Signature of bobbyist)			(Date)		
PART V AUTHORIZATI	ON TO LOBBY				
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
Neal Okabayashi	Senior Vice President & Attorney				
NAME OF ORGANIZATION (if applicable)			TELEPHONE		
First Hawaiian Bank			808-525-5785		
MAILING ADDRESS (Street)			FAX 808-525-5025		
PO Box 3200			EMAIL nokabayashi@fhb.com		
(City)	(State)		(Zip Code)		
Honolulu	HI		96847		
I hereby authorize the	above - named person to en	naage in lobbying activities on	behalf of the undersigned.		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersignation with the control of the undersignation of the					
	uthorizing Officer or Person Repres		(Date)		